

Chairman Tom Davis
Opening Statement
Government Reform Committee Hearing,
“Disabled Services in the District of Columbia: Who is Protecting the Rights of
D.C.’s Most Vulnerable Residents?”
June 16, 2006

Good morning, and welcome to today’s hearing on the District of Columbia’s Mental Retardation and Developmental Disabilities Administration.

We convene this morning because, at a time when so many things are going right for the District, a longstanding, seemingly intractable, problem has painfully re-emerged and demands our attention. The District’s fundamental responsibility to be a humane and nurturing custodian of those with mental retardation and developmental disabilities is not being met. Some say the situation is irreparable, and the entire function should be taken out of the District’s hands and given to a receiver. But even if that happens, the District has to find a way to reform the current system and meet the needs of these most vulnerable citizens.

How did it come to this? The story is a long and sad one. In 1976, after the deaths of two residents at Forest Haven, a facility for this population, a federal class action lawsuit was filed against the District. Today captioned as *Evans v. Williams*, the case challenged the conditions of confinement for residents of the institution, which was subsequently closed. But the judgment against the District also imposed continuing obligations, under court supervision, to protect class members from harm and to provide services in the least restrictive setting for the duration of their lives. Generally, that meant the District should be able to provide community-based living situations in group homes.

In 1999, the *Washington Post* chronicled the tragedy of at least 24 deaths of residents in group homes operated by the city agency, the MRDDA. The articles highlighted chronic abuse and neglect of developmentally disabled individuals, and described profiteering by some vendors operating group homes. Six years later, a day program worker was charged with criminal negligence for burning an adult group home resident. In March 2006, an employee of a day program for disabled persons pled guilty to charges of sexually abusing a patient. MRDDA made headlines again when the court monitor reported in February 2006 that a woman and three men had died since November 2004 because of inadequate health care. The report attributes the deaths to a systemic pattern of neglect in the homes and lack of oversight. The court monitor said that “for a period of over one year, the District repeatedly failed to notify providers of the results of mortality investigations conducted by its own reviewer. As a result, corrective actions were never discussed, let alone implemented or evaluated.”

Some attribute this lack of accountability to scattered lines of authority in the city government. In effect, MRDDA has the responsibility but the not authority over key functions required to provide quality care and protect vulnerable lives. Enforcement, personnel, facility licensing and contracting powers are scattered across disparate city agencies. In that structure, MRDDA can achieve some reform, but not nearly enough to meet the court mandate or meet the

needs of current and future residents. The inability of agencies with varying levels of responsibility for this population to communicate effectively has added to the failure to act timely and decisively.

The bottom line is there needs to be a single point of authority and accountability. And there must be performance and outcome measures to gauge the city's progress.

The Committee has conducted oversight of several D.C. agencies and departments that have been the subject of lengthy lawsuits, many of which resulted in court-appointed receiverships, including the child welfare system, mental health services, and the housing authority. Five District agencies were placed in receivership in 1999 when Mayor Williams came into office. He made a commitment to regain control of the agencies and has successfully done so. It's past time to bring the same commitment and sense of urgency to fixing the MRDDA.

Thirty years of court orders, monitors, and compliance plans have not worked to fix a broken approach to this special population. Today, we need to hear how the District plans to end this agonizing era of neglect, reform program management, establish visible and meaningful quality controls and assume full responsibility for those who most need and deserve the city's compassion and care.